

Chapter 5 Recipient Edits 2000-2999				
Individual Updates				
Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 7.2	June 30, 2006	Various	Update edits 2037 and 2503.	Leo Dabbs
Version 7.4	November 8, 2006	Multiple	2036	Anson Haley

Edit: ESC 2036 Recipient Ineligible for Targeted Case Management*Note: New Edit 2035 October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	02	Pkg C, 590	Detail	No	Yes	0

Disposition	A, B, C, L
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Deny
Special Batch	Deny

Edit Description

Fail this edit when a Package C or 590 recipient, with a valid Waiver level of care during program eligibility is having services billed with a procedure code that is in procedure group 100. Neither Package C nor 590 recipients should have a waiver level of care during program eligibility (a Waiver level of care begins with “A”, “B”, “D”, “J”, “K”, “L”, “P”, “Q”, “T-W”, or “X-Z”).

Edit Criteria

Fail this with EOB 2035 if the member is eligible for Package C or 590 for the dates of service, has a valid Waiver level of care during program eligibility, and the claim is billed with a procedure code in procedure group 100.

EOB Code

2035 – Package C/590 recipient not eligible for Waiver services.

ARC Code

30 – Payment adjusted because the patient has not met the required eligibility, spend-down, waiting, or residency requirements.

177 – Payment denied because the patient has not met the required eligibility requirements. Updated August 25, 2005

178 – Payment adjusted because the patient has not met the required spend-down requirements..

Remark Code

N30 – Recipient ineligible for this service.

Method of Correction

Claims failing this edit systematically deny.